

Unraveling the mom-daughter link in eating disorders

09:42 AM CDT on Tuesday, October 24, 2006 By DARLA ATLAS / Special Contributor to The Dallas Morning News

It started for Elizabeth Showers one day when she was 13, sitting at home in her bathing suit.

"I remember I had a turquoise bikini on, with a white ruffle," she says. Looking down at her stomach, "I remember thinking, 'Oh, I'm getting a fat roll.' I was actually becoming a woman, getting a little weight on my stomach, but I was like, 'This is bad. I need to diet.' "



Jim Mahoney Jan Showers (right) refused to accept that her daughter, Elizabeth, had an eating disorder.

She knew what it took to stay thin; her parents, Jan and Jim Showers, didn't go on diets, but they ate just enough to prevent any weight gain.

"I always definitely liked to be thin, for sure," says Jan, an interior designer in Dallas. "My husband, all his life, has been very careful about what he eats, because he has a tendency to gain weight. So both of us probably emphasized that."

In many ways, it's what parents are supposed to teach: Eat the right foods. Don't become obese, because it will lead to health problems. Exercise. But in some relationships – particularly between mothers and daughters – the "healthy" lessons are distorted in the child's mind and can manifest into eating disorders.

"I don't want to blame moms; it's not the moms' fault, no matter what her issues are," says Laura Roberts, a licensed psychologist at the Walker Wellness Clinic in Dallas. "But a lot of times, the adolescent in treatment will say, 'My mom was on South Beach,' or 'My mom works out all the time.'

Kids are really noticing what their parents are doing."

Elizabeth, now 35 and a well-known jewelry designer, was definitely noticing. At the same time, she was poring through fashion magazines ("I became obsessed," she says), and was intent on being the perfect daughter, while older sister Susanna tended to talk back.

The day she saw the bit of fat over her bikini, Elizabeth began restricting calories. She didn't skip meals, but would have, say, a piece of dry toast for breakfast, or a bowl of Special K with nonfat milk.

Descent into obsession

By age 15, she'd dropped to 105 pounds on her 5-foot-5 frame. Her friends began to worry, but that just made her more proud: "It was the whole anorexia high," she says.

At the same time, she was dealing with a mounting depression. Realizing she was obsessed with food and portions, she told her mom she wanted to see someone. They found a therapist, but Elizabeth went just a few times.

"I think I wasn't ready to get better," she says.

The anorexia continued. By the time she was in high school, she'd begun drinking to numb herself: "I thought, 'This is how I can escape.' "

Meanwhile, she was still perfect Elizabeth on the outside: a straight-A student, popular in school, extremely creative, and a bit heavier than her once-skeletal 105 pounds, thanks to the drinking. But her obsession would show itself in subtle ways. One night, Jan sat beside her bed for one of their nighttime talks

Looking at a photo of herself by her bed, Elizabeth said, 'Mom, I really wish I looked like this picture again.' "

"I said, 'Honey, you looked like a little bitty girl in this picture. You look so great now,' " Jan recalls. "But I don't think that anything I said made a difference."

Do or die: a cry for help

It didn't. When the hunger got too extreme, Elizabeth began binging until her stomach hurt. That made the depression worse, she says. "There were times when I wanted to kill myself."

The downward spiral quietly continued during her college days at Southern Methodist University. In her junior year, she moved for one semester to Spain, where she hit bottom. Her weight dropped to 90 pounds, and the depression overwhelmed her.

Finally, she called her family and told them she wanted to die. "I was going to shoot myself, or I was going to get better," she says. "There was no in-between."

Her parents flew her home and enrolled her in an Argyle facility, where she stayed for 47 days. That's where mother-daughter issues – including codependency – began to reveal themselves.

During one visit to the facility, her mom asked, "Are you sure you don't need to just go to Santa Fe and get a massage and facial?"

"That would work now," Elizabeth jokes. "But at the time, I was so angry at my mom."

Learning to separate

That emotion had never come up before. They'd never once argued, they say. Looking back, Jan recalls asking her husband, "Isn't it weird that Elizabeth didn't do the separation thing like Susanna did? That 'I hate you, I hate you' thing?"

Now, they realize that she'd internalized her feelings. All along, they thought they were raising "this angel. She was literally perfect. But unbeknownst to us, she was very unhappy, and all of the sudden, she was separate from us."

After therapy, Elizabeth says, "I didn't want to be around my parents for a couple of years. I think I needed to detach from them."

That was excruciating to her parents, but even worse was the guilt they felt for having said the wrong things, for sending harmful messages. Even now, 14 years later, the shame can come back in an instant.

"The parents I've spoken with, they're feeling terrible that they did anything to cause this," Jan says. "There's a song in a Stephen Sondheim play called 'Children Will Listen....' "

The tears suddenly start to flow. "And I just couldn't hear that song," she says. "I just felt so guilty. I used to say things like, 'Oh, we'll have chicken tonight so that, you know, so I can watch my weight.' It's little things like that."

Elizabeth, grasping her mom's hand, says she knows her family did not deliberately set out to hurt her. "My parents have always loved me. Always. So fortunately, I'm lucky."

Helping other mothers and daughters

These days, Elizabeth regularly speaks about eating disorders and alcoholism at colleges and for other groups. "I figured I went through that hell for a reason. It's got to be to help other people," she says. "I really feel strongly that that is my purpose."

Society needs all the help it can get with this problem, says Dr. Roberts: "I don't think I've ever met a woman in our culture that doesn't have issues with food. Women reach their middle ages and, especially in higher socioeconomic statuses, don't have that 'OK, I can relax' feeling. They think, 'I still have to look spectacular.' "

So what's the answer? How do mothers prevent sending out these subtle, destructive messages?

"There is kind of an answer, but it's not easy," says Dr. Urszula Kelley, clinical director of Presbyterian Hospital of Dallas' eating disorders program. "The answer is to try to be as aware as you can of yourself: Is there a better way of handling my own frustration? The more aware I am, the better equipped I'm going to be to teach my children by example."

Another crucial step in dealing with kids with anorexic tendencies, she says, is to play down perfectionism. "Sometimes parents unknowingly send a message that you need to be the best at everything. Perhaps we should present mistakes as, 'You know, this is really not a bad thing; it's a learning opportunity.' Normalize it so it's not the feeling of, 'I cannot be wrong; that's so horrible.' "

Jan's hope is that other parents facing a child's eating disorder will be able to, first of all, accept that it's happening.

"I think the parents are so proud of them that they really don't believe their perfect child is going to have anything wrong with them," she says, adding that such denial can lead to future conflicts.

"For a couple of years, I was so mad at my parents," Elizabeth says. "But therapy really helped me see where I end and they begin. Prior to treatment, I couldn't. I was so enmeshed with my mom."

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THE PROBLEM PERSISTS

Although statistics vary, eating-disorder experts say anorexia and other eating disorders continue to rise, and are affecting girls at younger ages. The National Eating Disorders Association notes that there has been a rise in incidence of anorexia in women ages 15 to 19 each decade since 1930. But therapists are seeing kids as young as 8.

Laura Roberts, a licensed psychologist at the Walker Wellness Clinic in Dallas, says some of her clients fit that young bracket, coming to see her when they're in the second or third grade.

"It's very disturbing," she says. "It happens as soon as kids start to have some self-consciousness about their bodies."

Why is the problem getting worse? Dr. Roberts says media's glamorization of thinness contributes, "but it's certainly not to blame. They reflect society's values. There's an enormous emphasis on body size, a lot of discrimination against larger people and a lot of misinformation about how to eat. None of us really know how to eat."

Dr. Roberts, who thinks diets are a prescription for failure, recommends to her patients to eat intuitively, stay active and enjoy a variety of food. She also hopes people can accept the fact that all bodies are different: "The fact is, some people's natural weight is fatter, and some are thinner."

Which means that society will someday need to accept that we can't look like Barbie. "There's been tons of research on poor Barbie," she says. "She's beautiful, but nobody could look like Barbie and live."

SIGNS OF A PROBLEM

- Restricting food
- •A "loss of sparkle," says Laura Roberts, a licensed psychologist at the Walker Wellness Clinic in Dallas. "They're not happy. They isolate from their friends. They don't want to go out to eat."
- •A constant need for reassurance
- •Medical changes, including the loss of menstrual cycle
- Exercising excessively
- •Irritability, especially in situations related to food. "Sometimes it's very obvious," says Dr. Urszula Kelley, clinical director of Presbyterian Hospital of Dallas' eating disorders program. "A child who's very docile and very cooperative, never says no, suddenly is a different person when it comes to food."

HOW TO HELP

- •Therapy is recommended, but Dr. Roberts says there's no average time for recovery. A dietitian who specializes in eating disorders can also be extremely helpful, she says.
- •When an anorexic person starts to get better, the first impulse for family and friends is to be encouraging with comments such as, "You look so much better," or "You look healthy!" But the message the girl is receiving is "I can tell you gained weight."

Instead, Dr. Roberts says, say, "Oh, you look so happy," or "It's good to see you laugh. You're so energetic."

- •For parents, Dr. Roberts also recommends the book *Real Kids Come in All Sizes* (Broadway, \$14), which helps promote self-esteem in a body-obsessed society.
- •The Elisa Project hosts its second annual Life Lessons Luncheon at 11:30 a.m. on Nov. 8 at Brook Hollow Golf Club, 8301 Harry Hines Blvd. in Dallas. The guest speaker will be *Sopranos* star Jamie-Lynn Sigler, who is a survivor of anorexia and exercise bulimia. For more information, call 214-369-5222.A display of hope

A PIN FOR THE ELISA PROJECT
Elizabeth Showers, whose jewelry designs can be found at Neiman
Marcus and other high-end boutiques, designed a Hope Star Pin for the Elisa Project, a nonprofit eating-disorders organization in Dallas. Proceeds from the pin go directly to the Elisa Project. The pin comes in 14-carat gold overlay (\$45) or sterling silver (\$35). Order at www.elizabethshowers.com.

